

CERTIFIED SUMMARY OF FEDERAL SERVICE

CIVIL SERVICE RETIREMENT SYSTEM

U.S. Office of Personnel Management

Information for Agency

- A certified copy of this form must accompany the employee's Application for Immediate Retirement (SF 2801) or an Application for Death Benefits (SF 2800) for a deceased employee if a survivor annuity appears to be payable.
- 2. This form may also be used:
 - · for retirement counseling purposes
 - to respond to an employee's request for a record of creditable service.
- See FPM Supplement 830-1 for detailed instructions for completion and disposition of this form.

Instructions for the Employee

- Your employing office will complete and certify this form for you.
- Review this form carefully. Be sure it contains all of your service.
- 3. Complete Section E, Employee's Certification, and return it to your employing office.

Section A - Identification

| 1. N | lame of employee (Last, first, middle initial) | 2. | Date of | birth (Month, day, year) | Social Security Number: |
|---|--|----|---------|--|---|
| List all other names used (Maiden name, AKA, spelling variants) | | 5. | Other b | irth dates used | Military Serial Number |
| | | 7. | Service | computation date for re | tirement purposes |
| 8a. | Does the applicant receive military pay? | 8 | | S, has the applicant waiv e for civil service retirem | ed military retired pay to credit military lent? |
| 匚` | Attach a copy of the applicant's military retired pay order, if available and complete 8b. | | YES | Attach a copy of the mi employee accepting wa | litary finance center's letter to the aiver, if available |
| <u></u> | NO | | NO | (Includes cases where | a waiver is unnecessary) |

Section B - Verified Service History Documented in Official Records

| Federal Agency or Military Service Branch | Conversion Date | Separation, or es for Civilian and le Military Service | Name of Retirement System* (e.g., CSRS, | Remarks and Non-Creditable Ti (Indicate if service is Part-time | |
|--|-----------------|--|---|--|--|
| | From | То | CSRS Offset, etc.) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

^{*} Give details of creditable civilian service not subject to retirement deductions in Section C.

Section C - Details of Civilian Service Not Subject to Contributory Retirement System for Civilian Federal Employees

This information is required to compute the portion of annuity based on such service.

Detail below (1) any period of Federal civilian service subject to "FICA" deductions, and (2) any other Federal civilian service not subject to a Fede employee (or D.C. Government) retirement system. If total basic salary earned for any such period of service is known, a summary entry may be entered on the right hand side below. Otherwise, show each change affecting basic salary during the period of service. Show part-time tour of du if applicable. If part-time service is after April 6, 1986, also provide total number of hours employee worked during that period and show what a full-time tour of duty would be.

| Nature of Action (Appt. pro., | LITECTIVE Date | Basic | Salary Basis (per annum, per | Leave Without | If Basic Salary Actually Earned is Available Make Summary Entry Below | | |
|----------------------------------|--------------------|-------------|---------------------------------|---------------|--|----------------------|--------------|
| res., etc.) | (Month, day, year) | Salary Rate | hour, WAE, etc.) | Pay | From (Month, day, year) | To (Month, day year) | Total Earned |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Section D - Agency Certification

| I certify that the information on this form accurately reflects certified information contained on the official personnel and/or payroll records in the custody of this agency and that if retiring, the retiring employee has sufficient service to support title to an immediate annuity. | | | | | |
|---|------|--|--|--|--|
| Signature of Authorized Agency Personnel Official | | Agency Name and Address, including ZIP Code, and Telephone Number, including Area Code | | | |
| Official Title | Date | | | | |

Section E - Employee's Certification

The above service is complete.

I have additional service. (If you claim additional service, attach signed statement(s) giving dates, positions, titles and locations of employment, including agency, bureau, and division. Claimed service cannot be credited for retirement until it has been verified, including unverified service listed on an SF 144, Statement of Prior Federal Civilian and Military Service, or similar affidavit.)

Note: If you have performed Federal civilian service subject to social security deductions (FICA) or not subject to retirement deductions, be sure that your agency has correctly completed Section C above.

If you have active military service on or after January 1, 1957, for which you have not made a deposit, be sure to read Section B of the "Instructions for Completing Application for Immediate Retirement" for information on how this decision affects your annuity. You CANNOT change your decision after you retire.

| Signature | Date |
|-----------|------|
| | |
| | |
| | |
| | |